



Environmental and Public Protection Cabinet
Office of Housing, Buildings and Construction
Hazardous Materials Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-1702 Fax: (502) 573-1695

**PERMIT APPLICATION TO INSTALL
LIQUEFIED PETROLEUM (LP) GAS & ANHYDROUS AMMONIA (NH₃) TANKS**

For Office Use Only

Permit No.: _____
Amount Paid: _____

Approved By: _____
Date Approved: _____

Installation Site

Owner of Tanks

NAME OF BUSINESS/COMPANY (D/B/A)

OWNER/OPERATOR/COMPANY NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

()

TELEPHONE NUMBER

COUNTY

()

TELEPHONE NUMBER

COUNTY

Installation Contractor

Type of Facility

COMPANY NAME

☐ Commercial ☐ Private Use ☐ Bulk Plant

STREET ADDRESS

☐ Service Station (Filling/Resale)

CITY

STATE

ZIP CODE

☐ Industrial Stand-By

☐ Other (Please specify): _____

()

TELEPHONE NUMBER



1. Tank Information:

- a) Tank Type: ☐ ASME ☐ API-ASME
- b) Installation is to be: ☐ Permanent ☐ Temporary
- c) Tank Usage: ☐ Aboveground ☐ Underground
- d) Number of tanks to be installed: _____
- e) Legible Data Plates: Yes No
- f) Tank Capacity (Gallons): _____
- Tank #1* *Tank #2* *Tank #3* *Tank #4* *Tank #5*
- g) Tank National Board Number: _____
- Tank #1* *Tank #2* *Tank #3* *Tank #4* *Tank #5*
- h) Manufactured Year of Tank: _____
- Tank #1* *Tank #2* *Tank #3*
Tank #4 *Tank #5*

A tank “Manufacturer’s Data Report for Unfired Pressure Vessels” (Form U-1A) must accompany this application for approval.

- i) Distance of nearest tank to closest property line which may be built upon: _____ feet
- j) Distance of nearest tank to closest important building on the same property: _____ feet
- k) Type of liquid level gauging device:
☐ Slip Tube ☐ Rotary Tube ☐ Float ☐ Combination ☐ Not Applicable
- l) Type of tank relief device: ☐ Internal ☐ External
- m) What are the dimensions for each tank:
- Tank #1 _____ - _____ feet x _____ - _____ feet
 LENGTH DIAMETER
- Tank #2 _____ - _____ feet x _____ - _____ feet Tank #3 _____ - _____ feet x _____ - _____ feet
 LENGTH DIAMETER LENGTH DIAMETER
- Tank #4 _____ - _____ feet x _____ - _____ feet Tank #5 _____ - _____ feet x _____ - _____ feet
 LENGTH DIAMETER LENGTH DIAMETER
- n) Relief Valve Capacity:
- _____ CFM _____ CFM _____ CFM
Tank #1 Tank #2 Tank #3
- _____ CFM _____ CFM
Tank #4 Tank #5
- o) Will each tank over 2,000 gallons W.C. have an adequate pressure gauge? ☐ Yes ☐ No
- p) Will each aboveground tank be painted a light-reflecting color? ☐ Yes ☐ No
- q) 1. Indicate if tank(s) will be surrounded with industrial type fence with two (2) separate openings:
☐ Yes ☐ No
2. If no, will the valves and equipment be protected from tampering? ☐ Yes ☐ No
- r) Indicate if tank and related piping system will be protected from vehicular damage: ☐ Yes ☐ No
- s) Indicate if a temperature gauge will be provided? ☐ Yes ☐ No

2. Piping Information (Please check all that apply):

- a) Indicate type of piping: ☐ Steel ☐ Wrought Iron ☐ Brass ☐ Copper ☐ Polyethylene
Indicate type of tubing: ☐ Steel ☐ Brass ☐ Copper ☐ Polyethylene
- b) Indicate type of fittings: ☐ Steel ☐ Brass ☐ Copper ☐ Malleable
- c) Indicate type of Service: ☐ Liquid ☐ Vapor ☐ Both Liquid & Vapor

2. Piping Information (Continued) –

- d) Liquid service piping to be: ☐ Schedule 40 ☐ Schedule 80
- e) Liquid service piping connections to be: ☐ Screwed ☐ Welded ☐ Screwed & Back Welded
- f) Will vapor return service piping to be schedule 40 or greater? ☐ Yes ☐ No
- g) Specify if swing joints and/or flexible connectors are to be installed:
☐ Swing Joints ☐ Flexible Connectors ☐ Both
- h) Specify if tank openings are to be provided with excess-flow valves, if dedicated to liquid service:
☐ Yes ☐ No
- i) Specify if tank openings are to be provided with excess-flow protection, if dedicated to vapor service:
☐ Yes ☐ No
- j) Will properly-sized excess-flow valves be installed where piping size is significantly reduced?
☐ Yes ☐ No
- k) Specify if a bulkhead will be installed at transfer points on system utilizing over 4,000 gallons water capacity: ☐ Yes ☐ No
- l) Specify if an emergency shut-off valve will be located at transfer points where applicable:
☐ Yes ☐ No
- m) Specify pressure settings on hydrostatic relief valves to be 400-500 PSIG: ☐ Yes ☐ No
- n) Aboveground liquid and vapor piping is to be properly supported between the tank, transfer points, and utilization points: ☐ Yes ☐ No
- o) Indicate if back-flow check valve is to be used in liquid line supplying the tank: ☐ Yes ☐ No
Indicate if any piping will be locate underground: ☐ Yes ☐ No
Depth of underground metal piping: _____ inches
1. Will corrosion protection be provided on underground metal piping? ☐ Yes ☐ No
 2. If cathodic protection is utilized on underground metal piping, will an insulating fitting be installed at each point where the pipe emerges from the ground? ☐ Yes ☐ No
- p) After assembly, will piping system (including hose) shall be tested at not less than the normal operating pressure and be proven free of leaks? ☐ Yes ☐ No

3. Utilization Equipment:

- a) Will vaporizer unit be utilized? ☐ Yes ☐ No
If yes, specify type: ☐ Direct-fired ☐ Indirect fired ☐ Waterbath
- b) If vaporizer, tank heater, vaporizer-burner, or gas-air mixer is to be utilized, will specifications on the unit be submitted with this application for permit? ☐ Yes ☐ No
- c) Specify distance vaporizer, tank heater, vaporizer-burner, or gas-air miner will be located from tank _____ feet. Tank valves _____ feet; Point-of-transfer _____ feet; nearest important building _____ feet;

line of adjoining property which may be built upon _____ feet.
- d) If the vaporizer is direct-fired, will an ESV be provided in the inlet piping? ☐ Yes ☐ No
- e) Indicate if system will be used for D.O.T. cylinder filling or motor fuel container filling?
☐ Yes ☐ No *** If yes, please complete Section 4***
- f) Specify if liquid storage system will be used in a gas distribution facility: ☐ Yes ☐ No
- g) Will liquid storage system be used in an industrial plant facility: ☐ Yes ☐ No
- h) Specify if facility will utilize L.P. gas cylinders on exchange basis only: ☐ Yes ☐ No
- i) All electrical wiring and conduit in hazardous locations shall conform to the National Electrical Code, Class 1, Division 1 and 2 requirements and be inspected by a Certified Electrical Inspector:
☐ Yes ☐ No

D.O.T. Container Filling Information:

- a) If L.P. gas is to be resold, provide resale license number and type: _____

- b) Will a hydrostatic relief valve be provided for hoses which normally contain liquid (wet hose):
☐ Yes ☐ No
- c) Will the point of transfer be at least:
1. Ten (10) feet from buildings with one (1) hour fire resistive walls: ☐ Yes ☐ No
 2. Twenty-five (25) feet from buildings with other than fire resistive walls: ☐ Yes ☐ No
 3. Twenty-five (25) feet from wall openings or pits below the level of transfer where vapors can collect:
☐ Yes ☐ No
 4. Twenty-five (25) feet from adjoining property which can be built upon: ☐ Yes ☐ No
 5. Twenty-five (25) feet from public ways (streets, sidewalks, thoroughfares, etc.): ☐ Yes ☐ No
 6. Indicate if a remote electrical shut-off will be provided for transfer equipment: ☐ Yes ☐ No
 7. Will remote electrical shut-off be conspicuously marked? ☐ Yes ☐ No
- d) Will structures housing L.P. transfer operations comply with Chapter 7 of NFPA 58? ☐ Yes ☐ No
- e) Will “no smoking” sign be conspicuously posted in the transfer area: ☐ Yes ☐ No
- f) Type of filling: ☐ D.O.T. cylinders ☐ Motor Fuel ☐ Both
- g) Will an excess-flow valve or an ESV be provided in the steel piping at the point of the dispensing hose attachment? ☐ Yes ☐ No
- h) If the installation will be used as a motor fuel station, will a listed emergency breakaway device be installed in the dispensing hose? ☐ Yes ☐ No ☐ N/A

Fee Schedule

A charge of \$100.00 for the first tank and \$50.00 for each additional tank is required for this specialized review. **The required fee must accompany your application for permit.** Your check or money order should be made payable to the “Kentucky State Treasurer”. The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the “Standards of Safety” promulgated in 815 KAR 10:060 and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge.

Contractor (Signature)

Date

Did you enclose your plan review fee? ☐ Yes ☐ No

Amount: \$ _____ .00

Note: Site plan, specifications and check or money order must accompany this document before approval.

Approval by the State Fire Marshal

LOCATION NAME

IF THE NAME HAS CHANGED, WHAT WAS IT PREVIOUSLY CALLED

STREET ADDRESS

CITY

COUNTY

PERMIT NUMBER

This storage tank system was tested on _____ with satisfactory results.

Pursuant to KRS 227.300 and 815 KAR 10:060 the above listed installation is found to have substantially complied with the Kentucky “*Standards of Safety*”.

Hazardous Materials Field Inspector

Badge #

Date

Site Plan